

**NEW HAMPSHIRE DEPARTMENT OF SAFETY**  
**Division of Fire Standards & Training and Emergency Medical Services**  
**Mail: 33 Hazen Drive, Concord, NH 03305**  
**Location: 98 Smokey Bear Blvd, Concord, NH 03301**  
**FAX: (603) 271-1091**  
**Dorm Room Reservation Form**

Name: \_\_\_\_\_ Class/Activity Attending: \_\_\_\_\_  
Dates: \_\_\_\_\_

Street: \_\_\_\_\_  
Town/City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone#: \_\_\_\_\_

Department Represented: \_\_\_\_\_

**If not an IN STATE Fire Service member, a \$25.00 per night fee will be assessed.**

Payment Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ Invoice above Dept \_\_\_\_\_ Credit Card \_\_\_\_\_

CC Type: Visa \_\_\_\_\_ MC \_\_\_\_\_ American Express \_\_\_\_\_ Amount: \_\_\_\_\_

CC Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out completely**

Date and Time of Arrival:	Date and Time of Departure:
Emergency Contact:	Emergency Telephone:
Special/Medical/Handicap Considerations:	

*(Please note that there is a \$25.00 replacement fee for lost keys.)*

**If you require an invoice for the lodging expenses, please fill in the information below.**

Department Mailing Address:

Name of Department: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Information below for office use only:**

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Room #: \_\_\_\_\_

Key Issued: \_\_\_\_\_

Key Returned: \_\_\_\_\_